

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/089722		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1				1		51		
2		1				1	52		
3							53		
4		2		2		2	54		
5				1		1	55		
6							56		
7				1		1	57		
8				1		1	58		
9				1		1	59		
10				1		1	60		
11				1		1	61		
12				1		1	62		
13				1		1	63		
14				1		1	64		
15				1		1	65		
16				1		1	66		
17				1		1	67		
18				1		1	68		
19				1		1	69		
20				1		1	70		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1		2		TOTAL IND.		
TOTAL DEP.				19		18	TOTAL DEP.		
TOTAL CLAIMS				20		20	TOTAL CLAIMS		